

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 12/15/09 and finalized on 12/17/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023029 was substantiated with deficiencies cited. Refer to Tag S0310. Complaint #NV00022959 was substantiated with deficiencies cited. Refer to Tag S523 Complaint #NV00023701 was unsubstantiated. Complaint #NV00023842 was unsubstantiated. Complaint #NV00023042 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	S 000		
S 105 SS=E	NAC 449.322 Housekeeping Services	S 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 105	Continued From page 1 1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and housekeeping policy and procedure review, the facility failed to provide a safe and sanitary environment and keep hospital patient rooms and bathrooms on the third and fourth floors free from an accumulation of dust, dirt, rubbish, trash and safety hazards. Severity: 2 Scope: 2	S 105		
S 116 SS=D	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (b) Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases. This Regulation is not met as evidenced by: Surveyor: 27469 Based on staff interviews and observation, the facility failed to carry out an active program for the prevention of infections. 1. Personal Protective Equipment (PPE)- Room 303 and 305 were identified requiring contact isolation and there was no PPE provided. 2. A contract staff was observed sitting in a patient room with the isolation gown not covering	S 116		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 116	Continued From page 2 her upper body. The contract staff member confirmed she did not follow the facility's guidelines for contact isolation. Severity: 2 Scope: 1	S 116		
S 175 SS=I	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to comply with the standards prescribed in chapter 446 of NRS and the regulations adopted regarding cleanliness and sanitation of the kitchen, risk of foodborne illnesses and equipment maintenance. Findings include: On 12/15/09 at 2:10 PM an inspection of the facilities kitchen, cafeteria, dishwasher and food storage areas were conducted with the Food Service Director. It was discovered the facility failed to implement or follow an agreement made with the State Health Division to have all patient meals prepared and delivered by another hospital during the facilities kitchen remodel. Observations included the following: A. The following observations were made concerning violations that related to the prevention of foodborne illnesses. 1. Dented cans of beets and Nutren Pulmonary Nutrition were located in the dry storage room.	S 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 175	<p>Continued From page 3</p> <p>2. Fifteen cans of Nutren Pulmonary Nutrition that were located in the dry storage room were past their expiration dates. The product had expired in September and November of 2009.</p> <p>3. There was no hand washing sink in the kitchen food preparation area used to prepare patient meals. There was no handwashing sink in the cafeteria area where guest and staff meals were being prepared. These areas were not approved for food preparation during the facilities kitchen remodel.</p> <p>4. A cook was observed rinsing his hands in the food preparation sink with his gloves on. The cook failed to remove his gloves and wash his hands in a handwashing sink, thus contaminating the clean kitchenware that he then touched.</p> <p>5. A can of propane and employees personal belongings that included sweatshirts, purses, personal beverages and personal food were found stored with food and single service items in the cafeteria food preparation area. The can of propane was laying directly on unpackaged single service papers used to wrap hamburgers.</p> <p>6. A black hair was found tucked into the rim of a container of cottage cheese stored in the refrigerator in the cafeteria.</p> <p>7. Numerous undated and unlabeled containers of potentially hazardous foods were found stored in a refrigerator which included prepared cooked chicken, chopped eggs, cottage cheese, chicken salad, veggie burgers and sliced turkey.</p> <p>B. The following observations were made concerning violations that related to cleanliness</p>	S 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 175	<p>Continued From page 4</p> <p>and sanitation issues.</p> <ol style="list-style-type: none"> 1. The concentration of the sanitizer solution used for sanitizing food contact surfaces and for storage of wiping cloths was too strong. 2. Food contact and non food contact surfaces of equipment were heavily soiled with food debris and grease, including the food preparation tables, refrigerators, hot holding units, soda dispenser nozzles, ice machine, salad bar, grills, fryers, food processor, carts, and food transportation carts. 3. The cleaned kitchenware was stacked while it was still wet and was not effectively air dried. 4. There was no clear delineation between the racks used to hold soiled kitchenware, and the racks used to store cleaned and sanitized kitchenware. 5. The floors were heavily soiled and littered with food debris in the kitchen and cafeteria areas, including the carpeted areas in the dining room and hallways. 6. The walls in the kitchen were splattered with food debris and were damaged in numerous areas where the paint was worn and wall surfaces were cracked and deteriorated. <p>C. The following observations were made concerning violations that related to equipment and maintenance issues.</p> <ol style="list-style-type: none"> 1. The front panel on the ice machine was badly cracked and represented a safety hazard. 2. Numerous mop buckets were left filled with 	S 175			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 175	<p>Continued From page 5</p> <p>dirty water and dirty mops were observed throughout the kitchen area.</p> <p>3. There was inadequate lighting in the ware washing room. Light fixtures were in disrepair and the light bulbs were not shielded.</p> <p>4. There was inadequate ventilation in the room where soiled plates were being scraped of food debris.</p> <p>5. The wash cycle temperature readings on the facilities dishwasher machine was observed to be 110 degrees and never reached the manufacturers recommended minimum wash temperature of 120 degrees.</p> <p>A Facility Dietary Department Operating Plan-Kitchen Re-Model submitted by the facility and received by the State Health Division on 08/17/09 included confirmation that the facility would arrange for bulk hot food items that included patient entrees, vegetables and soup were to be prepared at another hospital and transported by van in approved food transport containers to the facility. The facility was to rent portable hand washing sinks to ensure proper hand washing facilities were available to kitchen and cafeteria employees during the remodel.</p> <p>A State Health Division Letter dated 09/04/09 sent to the facilities Architect and Director of Food Services indicated the facilities plans for operation of the kitchen during the remodeling had been approved with additional stipulations and that any changes or deletions to the agreed plan had to be approved by the State Health Division.</p> <p>On 12/15/09 at 5:30 PM, the Director of Food</p>	S 175			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 175	Continued From page 6 Services acknowledged he failed to implement the agreement made with the State Health Division for preparation of bulk food items which included patient entrees, vegetables and soup that were to be prepared at another hospital facility and transported to the facility in approved food transport containers during remodeling of the facilities kitchen. The Director confirmed the facility continued to cook and prepare hot meals and serve the meals to patients at the facility. The Director of Food Services acknowledged the facility failed to rent portable hand washing sinks to ensure kitchen and cafeteria employees had access to proper hand hygiene. Severity: 3 Scope: 3	S 175			
S 279 SS=D	NAC 449.358 Medical Staff 5. The medical staff is accountable to the governing body for the quality of the medical care provided to the patients of the hospital. This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation, interview and policy review, the facility failed to follow the policy of Medication/Solutions in the O.R. and AORN standards. 1. The anesthesiologist failed to label any medications that were prepared prior to the patient arriving in the operating room. Severity: 2 Scope: 1	S 279			
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care	S 310			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 310	Continued From page 7 at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Surveyor: 28737 Based on interview, policy review, and review of the patient's chart the facility failed to ensure pain assessments were done per hospital policy for one of 19 patients (patient #17). Severity: 2 Scope: 1 Complaint #NV00023029	S 310		
S 340 SS=F	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review, interview and policy review, the facility failed to ensure 5 of 20 employees met the requirements of NAC 441A concerning tuberculosis (TB). (Employees #10, #11, #13, #18 and #19) 1. The files for Employees #10, #11, #13, #18 and #19 did not meet the annual one-step TB skin test requirements, in accordance with NAC 441A.375. Severity: 2 Scope: 3	S 340		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 523	Continued From page 8	S 523		
S 523 SS=D	<p>NAC 449.379 Medical Records</p> <p>8. All medical records must document the following information, as appropriate: (e) Properly executed informed consent for all procedures and treatments specified by the medical staff, or federal or state law, as requiring written patient consent. This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation, staff interviews, record review and document review, the facility failed to obtain written patient consent for admission and a medical procedure for 1 of 19 patients (Patient #18).</p> <p>Severity: 2 Scope: 1</p> <p>Complaint #NV00022959</p>	S 523		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.